

the indigent patient with malignancy? Why should we wait for coma before providing assistance to the indigent patient with diabetes? Why are the standards of care for the indigent so different from the standards widely accepted for other people? If the County is providing medical care for a certain group in the community, why shouldn't it provide the same type of preventive medicine available to the rest of the community?

Considering the importance of this service to the health of Americans it is astounding that Preventive Medical Care is specifically excluded from the services available under the Medicare Law. Like the Counties, the Government is apparently only interested in treating far advanced disease. This is an excellent illustration of how far the standards of Governmental Medical Care may be below the standards now accepted by the American Public.

Does your County Hospital have a Well Man Clinic? A Well Woman Clinic? If not, why not? This is the great hiatus in the services available for the control of heart disease, cancer and stroke. This is the need for community mobilization for the control of these diseases. Each one of you should return to your community and ask your Supervisors, "Do we have a Well Man Clinic, a Well Woman Clinic?" The answer will be no. If you want to mobilize your community for the control of heart disease, cancer and stroke, you must mobilize sufficient support in your area to produce a Well Man Clinic in your County Hospital Out-patient Department.

I wish to make it crystal clear that this hiatus in medical services is not the fault of the County Supervisors. It is my fault. It is your fault. We have not previously called this to the attention of the Supervisors. We have failed to establish adequate standards for the medical care of the indigent. But having centered our attention on this deficiency, we must all go back to our communities and insist that there be a Well Man Clinic for the early detection of heart disease, high blood pressure, cancer, diabetes and tuberculosis. Unless we do this we are failing to accomplish

the objectives of the Second National Heart Conference.

There will obviously be problems of financing and manpower for such a clinic. In the long run however the County may find that it is more economical to cure diseases in their early stages than to treat the far advanced complications. Unless we are prepared to take the action which is obviously needed, there is no point in having a National Heart Conference. The Hospital may say that this is impossible. A certain amount of reorientation in thinking concerning our health objectives is required. With adequate financial support the manpower problem could be solved.

We can dream of a regular annual examination of all citizens. It is obviously not possible at this time. We cannot expect the Supervisors to approach this objective. But at least a start could be made. We can ask the Supervisors to accept the concept that Preventive Medical Care is desirable for the health of the community. All I ask is that we make a start and in time the concept will grow.

If each of us returns to his community and asks the Supervisors and County Hospital—"Do we have a Well Man Clinic. If not, why not?" the Second National Heart Conference will have produced a significant advance in the control of Heart Disease, Cancer and Stroke.

## Quick Tracheotomy

IT WAS POINTED out to us that our article, Quick Tracheotomy [Oppenheimer, P., and Quinn, F. B., Jr.: Quick tracheotomy—incision at an easily identifiable, relatively safe site, *Calif. Med.*, 104: 51-53, January 1966] did not detail that coniotomy was only a temporary method of establishing an airway and in no way a substitute for a "classic" tracheotomy. I would like this made clear in your next issue as it seems to have confused a few people.

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